

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		8/9/94
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	59	8-11-94
FORMALITY REVIEW	<i>[Signature]</i>	72346	8-19-94

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	8/9/94
2	✓	✓	8/9/94
3	✓	✓	8/9/94
4	✓	✓	8/9/94
5	✓	✓	8/9/94
6	✓	✓	8/9/94
7	✓	✓	8/9/94
8	✓	✓	8/9/94
9	✓	✓	8/9/94
10	✓	✓	8/9/94
11	✓	✓	8/9/94
12	✓	✓	8/9/94
13	✓	✓	8/9/94
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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